

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mobile Oil  
c/o Its Highest Ranking Officer  
5959 Law Colinas Blvd.  
Irving, Texas 75039

07CV1064 STC

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☒ Agent☐ Addressee

B. Received by (Printed Name)

A. Cdegar

C. Date of Delivery

12-19-07

D. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: ☐ No

EXXON MOBIL CORPORATION

P. O. BOX 2180

800 BELL, RM. 1503

HOUSTON, TEXAS 77252-2180

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7003 3110 0004 0799 4493

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540